

Polish epidemiological and statistical data, and a systematic review (proportion of patients treated with antipsychotic drugs who withdrew because of adverse events). Current and predicted market shares were assessed on the basis of present sales level data. **RESULTS:** In the first scenario, NHF expenditures on atypical antipsychotic drugs will increase by: 13 mln PLN in 2010, 20 mln PLN in 2011 and 26 mln PLN in 2012. In the second scenario of no sertindole reimbursement NHF expenditures on atypical antipsychotic drugs will increase by: 11 mln PLN in 2010, 18 mln PLN in 2011 and 23 mln PLN in 2012. From patient's perspective, expenditures will increase in 2010–2012 by 0.9 mln PLN 1.3 mln PLN and 1.7 mln respectively in scenario with sertindole reimbursement, while in a second scenario costs will increase in 2010–2012 by 1.1 mln PLN, 1.6 mln PLN and 2.0 mln PLN respectively. The 2009 weighted average exchange rate of Polish National Bank was €1 = PLN 4.3273. **CONCLUSIONS:** Reimbursement of sertindole would result in a minor increase in Polish NHF expenditures. Simultaneously, it would enlarge the scope of accessible therapies for patients intolerant to at least one other antipsychotic agent.

## PMH10

#### COST SAVING POTENTIAL OF GENERIC SUBSTITUTION: THE CASE OF ANTIDEPRESSANTS

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**OBJECTIVES:** Generic medicines are generally considerably less expensive than branded products and their endorsement can lead to substantial savings in costs. The main objective of the study was to calculate potential cost savings that can be generated by generic substitution of antidepressants within the private health care sector of South Africa. **METHODS:** Data on computerised medicine claims of patients receiving one or more antidepressants during three consecutive years (i.e. 2004, 2005 and 2006) were elicited from a South African pharmaceutical benefit management company, a non-experimental, quantitative, retrospective drug utilization review was conducted and data were analyzed using the Statistical Analysis System® programme. Potential cost savings defined as the collective amount that could be saved annually by substituting the average price of innovator active substances for that of generic equivalent(s) were computed for criteria-eligible substances in the study population. All costs are expressed in U.S. **RESULTS:** A total of 292,071 items (N = 5,982,869) on 273,673 prescriptions (N = 5,213,765) at a total cost of \$8,652,289.48 (N = \$207,316,483.10) were included in the study. Generic products constituted 58.7% (n = 292,071) of all antidepressants claimed, at a total cost of 28.2% (N = \$207,316,483.10) of all incurred costs. With total substitution of the average price of all criteria-eligible innovators, a potential saving of 9.3% (N = \$8,652,289.48) of the actual antidepressant cost over the study period, was calculated. **CONCLUSIONS:** In developing countries with limited health care budgets, such as South Africa, generic substances can be cost-saving treatment alternatives. Health care professionals, third-party payers, and patients all have fundamental roles to play in order to encourage greater use of generics. Medicine expenditure can thereby be reduced and access to scarce resources increased, in order to meet the pressing health care needs within South Africa.

## PMH11

#### BUDGET IMPACT ANALYSIS OF AMISULPRIDE IN TREATMENT OF SCHIZOPHRENIA IN POLAND

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**OBJECTIVES:** To estimate the impact of amisulpride continued reimbursement in schizophrenia treatment on payer's budget in Poland. **METHODS:** The analysis was performed in 5-year time horizon from the payer (National Health Fund, NHF) perspective and payer + patient perspective. Only costs of medicines were included. On the base of IMS Health Poland sale data for years 2005–2010 linear regression was conducted to predict consumption and prevalence of antipsychotics in Poland. Cost data of medicines were obtained from Ministry of Health and medicine portals in case of lack of reimbursement. One-way sensitivity analysis were performed for the key input parameters. **RESULTS:** From the payer perspective, cost of amisulpride is approximately €7.13 million in 2010 and €9.15 million in 2014 and it represents from 4.62% in 2010 to 4.28% in 2014 of the total cost of schizophrenia treatment estimated at approximately €154.22 million in 2010 and €213.87 million in 2014. From the payer + patient perspective, cost of amisulpride is approximately €7.26 million in 2010 and €9.32 million in 2014 and it represents from 4.01% in 2010 to 3.85% of the total cost of schizophrenia treatment estimated at approximately €181.11 million in 2010 and €241.81 million in 2014. Increase of NHF and patients expenses is related to an increase of antipsychotics sales over a span of the next five years caused by expanding awareness of schizophrenia and the importance of treatment. **CONCLUSIONS:** Our findings suggest that the cost of treatment with amisulpride are at a reasonable level and represent a small proportion of the total costs of schizophrenia treatment both from the payer perspective and common payer + patient perspective. The declining trend in the share of amisulpride cost in total cost of schizophrenia is noticeable. Amisulpride is an alternative therapeutic option of schizophrenia treatment in Poland and its reimbursement from public funds is justified.

## PMH12

#### COST IMPACT OF INITIATING PREGABALIN TREATMENT IN SWEDISH PATIENTS WITH GENERALIZED ANXIETY DISORDER

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**OBJECTIVES:** To compare the health care costs 6 months prior to and 6 months after initiation of pregabalin in generalized anxiety disorder (GAD) patients in Sweden. **METHODS:** This was a retrospective longitudinal database study of GAD patients from the South-West region of Sweden (1.5 million inhabitants). Individual patient data on health care visits (outpatient, inpatient, primary care), costs, mortality and diagnoses were included from year 2000. Data from the Swedish Prescribed Drug Register were included from July 1, 2005 until December 31, 2007. Patients with a GAD (ICD-10 F41.1) diagnosis and who initiated pregabalin treatment in 2006 were included. Health care utilization was measured six months before and six months after pregabalin initiation. Patients with 2 or more prescriptions of benzodiazepines six months prior to pregabalin initiation were categorized as benzodiazepine patients. Non-parametric statistical tests (Mann-Whitney) were used for the cost and resource use comparisons. **RESULTS:** A total of 149 patients met the inclusion criteria, of whom 99 used benzodiazepines prior to pregabalin treatment. The number of in-patient ( $P < 0.05$ ) and primary care ( $P < 0.05$ ) visits significantly decreased in the 6-month period following pregabalin initiation. There was also a statistically significant reduction ( $p = 0.0004$ ) in overall health care costs from SEK 71,000 (€7,408) to SEK 45,000 (€4,695). Among the benzodiazepine users ( $n = 99$ ), the number of in-patient visits ( $p = 0.0213$ ), days in hospital ( $p = 0.0026$ ) and primary care visits ( $p = 0.0121$ ) were all statistically significantly reduced following pregabalin initiation. The reduction in total cost (from SEK 79,000 to SEK 43,000; €8,243 to €4,486) among the users of benzodiazepines was also statistically significant ( $p = 0.0001$ ). The decrease in total cost, in all patients as well as benzodiazepine treated, was to a large extent explained by the decrease in in-patient costs. **CONCLUSIONS:** Initiating treatment with pregabalin in GAD patients significantly reduced health care utilization and costs during the following 6 months.

## PMH13

#### COSTS ASSOCIATED WITH ANTIPSYCHOTIC MEDICATIONS FOR PATIENTS WITH A BIPOLAR DIAGNOSIS AT CLINICALLY RECOMMENDED DOSES

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**OBJECTIVES:** There is accumulating evidence of sub-therapeutic second-generation antipsychotic (SGA) dosing for patients diagnosed with bipolar disorder, leading to suboptimal control of disease and higher overall treatment costs. The objectives of this study were to identify Medicaid bipolar patients receiving clinically effective doses of SGAs and compare their medical costs. **METHODS:** Patients with bipolar disorder taking an oral SGA (aripiprazole, olanzapine, quetiapine, risperidone or ziprasidone) were identified in Medicaid claims databases (2005–2008) from 8 US states. Patients were followed for 18 months (6-month pre-index period during which patients did not receive an SGA, followed by a 12-month post-index utilization period to determine total costs). For patients on recommended dosing, costs were compared using a generalized linear model with a gamma distribution and log-link function. Baseline covariates (age, gender, race, pre-index costs, Charlson co-morbidity score, and specific psychiatric co-morbidities) were adjusted for. Ziprasidone-treated patients comprised the reference group. **RESULTS:** A total of 2446 patients met inclusion criteria, with 45% (N = 1102) taking clinically effective doses by day 61 of their follow-up period. Patients on quetiapine had the lowest percentage of effective dosing at 26% (N = 280/1072). Other results were aripiprazole 77% (N = 336/448), olanzapine 52% (N = 118/226), risperidone 50% (N = 238/474), and ziprasidone 58% (N = 130/226). Regression analyses indicated that mental health-related prescription costs ( $P < 0.01$ ) and all-prescription costs ( $P < 0.01$ ) were statistically significantly lower for the risperidone group compared to the ziprasidone group. There were no significant differences between the groups for total mental health-related costs or total all-cause costs (includes prescription and medical services). **CONCLUSIONS:** Less than half of the patients in this sample were prescribed clinically recommended doses 2 months after their initial start. Among patients using recommended doses, while those on risperidone had lower prescription costs, there were no significant differences for total costs compared to patients taking ziprasidone.

## PMH14

#### COST ANALYSIS OF ADVERSE EVENTS ASSOCIATED WITH TREATMENT OF BIPOLAR DISORDER: A COMPARISON BETWEEN ARIPIPIRAZOLE AND OLANZAPINE IN THE SPANISH HEALTH SYSTEM

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**OBJECTIVES:** This study investigates the health care costs of adverse events (AE) associated with treatment of bipolar disorder with two atypical antipsychotics (AA): aripiprazole (ARI) and Olanzapine (OLA). **METHODS:** It was performed a cost analysis through a markov model considering the following health states: no existence